

Information and Referral PDD Application Packet

January 1, 2010

Ms. Jane Doe
1313 Dead End Road
Anywhere, SC 29164

Dear Ms. Doe:

Thank you for your recent contact with Pervasive Developmental Disorder Information and Referral.

To complete the application process, the following information is needed:

- **Authorization for Release of Information**

Please sign and date each form as indicated. Your consent will allow us to obtain records needed to assist in determining eligibility for participation in the Pervasive Developmental Disorder Waiver.

- **Choice of Service Provider**

Please select a service provider from the attached list and indicate your choice on the form. Sign and date the form as requested.

Please return signed authorization forms and Acknowledgement of Case Management Choice form in the enclosed envelope within three days.

Once records are received, they will be reviewed carefully. If appropriate to proceed with the process, information will be mailed to your provider of choice and you will be contacted by him/her to schedule an appointment to meet. If it is not appropriate to proceed, a letter will be mailed to you with justification provided. Information concerning your right to appeal the decision will be included.

Thank you for your attention to the enclosed information. If you have any questions or need additional information, please contact me at 888-576-4658.

Sincerely,

Karla Kyer
PDD Information and Referral

Enclosures

PDD Form IR 1-A

January 1, 2010

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